## Notice of Contempt Hearing Form 20I

Claim no.

[SEALED]

Full name	Full Name
Address for Service	Address for Service
Phone No.	Phone No.
Fax No. (If any)	Fax No. (If any)
Plaintiff's Lawyer/Agent (Full Name)	Plaintiff's Lawyer/Agent (Full Name)
Lawyer/Agent's Address for Service	Lawyer/Agent's Address for Service
Lawyer/Agent's Phone No.	Lawyer/Agent's Phone No.
Fax No. (If any)	Fax No. (If any)
E-Mail Address (Optional)	E-Mail Address (Optional)

## Defendant No. 1

## Defendant No. 2 (if applicable)

Full name	Full name
Address for Service	Address for Service
Phone No.	Phone No.
Fax No. (If any)	Fax No. (If any)
Defendant's Lawyer/Agent (Full Name)	Defendant's Lawyer/Agent (Full Name)
Lawyer/Agent's Address for Service	Lawyer/Agent's Address for Service
Lawyer/Agent's Phone No.	Lawyer/Agent's Phone No.
Fax No. (If any)	Fax No. (If any)
E-Mail Address (Optional)	E-Mail Address (Optional)

**Note:** For additional defendants, please list on attached sheet with all the necessary information as requested above.

<b>TO:</b> (Name o	f person to be summoned)
TAKE NOTIO	CE:
That an order	for contempt hearing has been made against you for:
a)	failure to attend as required by the Notice of Examination on: (Date of examination)
	OR
b)	refusal to answer questions at the examination.
on ( <i>Date</i> )	, beginning at ( <i>Time</i> )
If you fail to	attend this contempt hearing, the court may:
a)	order that you attend at an examination;
b)	make an order as to payment; or
c)	order that you be jailed for a period not exceeding 40 days.
(Date	(Signature of Clerk)